This sheet is not part of and does not count as a sheet of the international application.

PCT

Prediction sheet 1112

Annex to the Request

For receiving Office use only

PCT/US U5/ 08282

International Application No.					
			03 050	_	

Applicant's or agent's file reference 010-0019	Date stamp of the receiving Office				
Applicant					
CLUSTER RESOURCES, INC.					
CALCULATION OF PRESCRIBED FEES 1. TRANSMITTAL FEE	300 [丁] 300				
1. TRANSMITTAL FEB	1000				
2. SEARCH FEE	300 🖺				
(If two or more International Searching Authorities are competent to carry out the					
international search, indicate the name of the Authority which is chosen to carry out the international search.)					
3. INTERNATIONAL FILING FEE	 				
Where items (b) and/or (c) of Box No. IX apply, enter Sub-t Where items (b) and (c) of Box No. IX do not apply, enter T					
	1211				
iI first 30 sheets	. [
i2 x	= [i2]				
number of sheets fee per sheet in excess of 30					
	\				
additional component (only if sequence listing and/or thereto are filed in computer readable form under Sect	tables related				
or both in that form and on paper, under Section 801(a	a)(ii)):				
400 xfee per sheet	= [i3]				
Add amounts entered at i1, i2 and i3 and enter total at I	121111				
(Applicants from certain States are entitled to a reductio international filing fee. Where the applicant is (or all applicant)	pplicants are) so				
entitled, the total to be entered at I is 25% of the international filing fee.)					
	20 P				
4. FEE FOR PRIORITY DOCUMENT (if applicable)					
5. TOTAL FEES PAYABLE	1831 2531				
Add amounts entered at T, S, I and P, and enter total in the T	TOTAL				
MODE OF PAYMENT authorization to charge postal money order accept					
deposit account (see below)					
cheque bank draft	revenue stamps				
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSITION (This mode of payment may not be available at all receiving Office	Receiving Office: RO/				
Authorization to charge the total fees indicated above.	Deposit Account No.: 502960				
(This check-box may be marked only if the conditions for depo					
of the receiving Office so permit) Authorization to charge any or credit any overpayment in the total fees indicated above					
Authorization to charge the fee for priority document.	Signature: Drom M. S.				
Form PCT/RO/101 (Annex) (January 2004) See Notes to the fee calculation.					